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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

| Division of C | orporations | | |
|-------------------------|--|--|--|
| | PATHRUN LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | of Amendment and fee(s) are sub pondence concerning this matter | - | 2018 JUN 18 PH 3: 17 9 THE LANGES COMMENTED THE COMMENT OF THE COM |
| | Evan Chait | | PH |
| | | Name of Person | رب ص |
| | Attorney at law | | Œ |
| | | Firm/Company | <u> </u> |
| | 2626 Foothill Blvd., Suite | 200 | |
| | | Address | |
| | La Crescenta, CA 91214 | | |
| | evan@csfcap.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please c | all: | |
| Evan Chait | | 800 449-6311 at () | |
| Name | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regis Divis P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerual Tallahassee, FL 325 | n ations nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LS.S.A. PATHRUN LLC | | |
|---|---|------------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our record Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 3/29/2016 | and assigned |
| Florida document number L17000232547 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lia | ability company here: | |
| B.G.I. NAHVADAH LLC | | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC | |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | - SA 3 |
| Inter new mailing address, if applicable: | | S Loll |
| Mailing address MAY BE A POST OFFICE BOX) | | (E) (C) (O) |
| | | |
| B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he | | ls, <u>enter the name of the r</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | P C C | |
| | Enter Florida street addre | SS |
| | | lorida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Address **Type of Action** Name □ Add _□ Remove _□ Change □ Add ☐ Remove _

Change **☆**□ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

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| ffective date, if other than | the date of filing: | | (optional) | |
| ffective date, if other than an effective date is listed, the date of the listed in the occument's effective date on the comment's effective date on the comment's effective date. | s block does not meet the app | olicable statutory filing requ | m 90 days after filing.) Pursua airements, this date will not | nt to 605,0207 t be listed as |
| e record specifies a dela The 90th day after the | | not an effective time, | at 12:01 a.m. on the | e earlier o |
| ated | . 2018 | | | |
| C_{α} | Signature of a member or a | | | |
| \mathcal{G}_{α} () | 1-3 | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00